



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
STORAGE TANK DIVISION

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

FOR DEP USE ONLY

Reviewer TC
Date 8/22/08
Entered by _____
Date _____

FACILITY INFORMATION

ID Number 39-37781
Name B Braun Med
Address 901 Maroon Blvd.
Allentown, PA 18103

Representative Present During Inspection

Name Stere Stancick
Phone 610-266-0500

☐ Owner ☐ Operator ☒ Employee ☐ None

CERTIFIED INSPECTOR

Name Scott Hafer
ID No. 114
Phone 610-376-9738
E-mail scott.hafer@hafers.com

Date of First Site Visit (month/day/year)

6-4-2008

OPERATOR (if different than owner)

Name _____

Address _____

STORAGE TANK FACILITY	AUG - 7 2008	ID #	COUNTY: <u>Lehigh</u>
			FILE CODE: <u>NR</u>

Financial Responsibility discussed with owner

Yes ☒No ☐

§ Provided by USTIF. Owner must have deductibles available as provided in Subchapter H of the regulations.

§ Required of all UST owners except state agencies.

Suspected or confirmed contamination observed

Yes ☐ (notify proper region within 48 hours)No ☒

Improperly closed or unregistered tanks present

Yes ☐ (provide comment)No ☒

Amended registration form required for (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Added tanks | <input type="checkbox"/> Change in substance stored |
| <input type="checkbox"/> Closed tanks | <input type="checkbox"/> Change of operational status (in or out of service) |
| <input type="checkbox"/> Change in tank size | <input type="checkbox"/> Change of owner |

Inspection summary.

Indicate the compliance status of each item below using the following codes: N = Noncompliant C = Compliant

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
	<u>001</u>				
Tank Construction and Corrosion Protection	<u>C</u>				
Piping Construction and Corrosion Protection	<u>C</u>				
Spill Prevention	<u>C</u>				
Overfill Prevention	<u>C</u>				
Registration Certificate Display	<u>C</u>				
Tank Release Detection	<u>C</u>				
Piping Release Detection	<u>C</u>				

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

Scott L. Hafer (Pres. HAF, LTD)
Certified Inspector's Signature

6-4-08
Date

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

Stere Stancick
Signature representing B. Braun Medical Inc.
Title Operations Manager

6/4/08
Date

Original: Regional Office - Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville

Copy: Owner
Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
Copy: Inspector

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B Braun MED Date 6-4-08 Facility ID 39 - 37781

- I. TANK SYSTEM INFORMATION.** For each tank, write in the Tank Number at the top of the column, its capacity, substance stored, installation date, manifold condition ("—" if not a drone tank) and product level directly underneath. Fill in the remainder of the Tank System Information using the proper Tank System Component Code from the lists at the bottom of the page. Where multiple codes are allowed and used for a tank component, describe the arrangement in the COMMENTS section.

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	DEP Use
	<u>001</u>					
1. Tank capacity (name plate gallons)	<u>4000</u>					
2. Substance currently stored	<u>H2SO4</u>					
3. Installation date (mm/yyyy)	<u>4-1999</u>					
4. This drone tank is manifolded to tank number	<u>N/A</u>					
5. Product level, in inches, at time of inspection	<u>34.2</u>					
6. Total secondary containment on this tank system	<u>N</u>					(18)
7. Tank construction and corrosion protection	<u>G</u>					(1)
8. Main piping construction and corrosion protection	<u>GG</u>					(2)
9. Piping sumps tested tight	<u>N</u>					
10. Dispenser pans under each dispenser tested tight	<u>N</u>					
11a. Piping flexible joints/connectors construction at tank	<u>X</u>					(PFLX)
11b. Piping flexible joints/connectors construction at dispenser	<u>X</u>					(PFLX)
12. Pump (product dispensing) system	<u>D</u>					(4)
13. Spill protection	<u>Y</u>					(6)
14. Overfill type	<u>A</u>					(7)
15. Current registration certificate display	<u>Y</u>					(8)
16. Stage I vapor recovery	<u>N</u>					(19)
17. Stage II vapor recovery	<u>N</u>					(20)
Evaluate the tank system leak detection methods carefully before filling in the next 3 rows.						
18. Tank release detection	<u>H</u>					(12)
19. Piping small release detection (0.2 gph monthly or 0.1 gph annually)	<u>I</u>					(5)
20. Pressure (line 12 is C or D) piping line leak detector (LLD function)	<u>H</u>					(5)

Tank System Component Codes

6. Total secondary containment

Y Yes
N No

7. Tank construction

- A Single-wall steel, unprotected
B Single-wall, galvanic anodes
C Impressed current protection
D Double-wall steel, unprotected
E Single-wall fiberglass (FRP)
G Double-wall fiberglass (FRP)
Steel with plastic or fiberglass jacket (includes double-wall Act 100)
H Steel with FRP coating (Act 100 or equivalent)
I Steel with lined interior
J Concrete
N Unknown
O Double-wall, steel primary, galvanic anodes
P Cathodically protected and lined
99 Other (must provide written comment)

8. Main piping construction

- A Bare steel (including only wrapped or coated)
B Cathodically protected, metallic
C Copper, unprotected
D Fiberglass or rigid non-metallic
E Single-wall, flexible non-metallic
F Unknown
G No dispensing piping (most used oil tanks)
I Double-wall, metallic primary
J Double-wall rigid (FRP) primary
K Double-wall flexible primary
99 Other (must provide written comment)

9. Piping sumps tested tight

Y Yes – present and tested
N No

10. Dispenser pans tested tight

Y Yes – present and tested
N No

11. Piping flexible joints/connectors

- A Unprotected metallic component(s) (including only wrapped or coated)
B Cathodically protected, metallic
C Flexible coupling with protected metallic ends
F Unknown
I Completely inside a containment sump, secondary pipe or liner
M Completely jacketed with sealed boot
N NO jacket, not in contact with the ground
X None
99 Other (must provide written comment)

12. Pump (delivery) system

- A Suction, check valve at pump or siphon bar only
B Suction, check valve at tank
C Pressure
D Gravity flow to dispenser/pump
E None

13. Spill protection

- Y Spill containment
E Filled in less than 25 gallon increments
N None present or needs repair

14. Overfill type

- S Drop tube shut off device
A Overfill alarm (provide description and location in comment section)
B Ball float valve
E Filled in less than 25 gallon increments
N None present or not usable

15. Current registration certificate display

- Y Properly displayed
N Not displayed

16. Stage I vapor recovery

- A Coaxial
B 2 port
N Not complete or none

17. Stage II vapor recovery

- A Complete balance system
B Complete assist system
C UG piping only; not complete
N None of the above

18. Tank release detection

- A Inventory Control and Tank Tightness Testing every 5 years
C Manual Tank Gauging (36 Hour) and Tank Tightness Testing (TTT) every 5 years
D Statistical Inventory Reconciliation (SIR)
E Automatic Tank Gauging (0.2 gph Leak Test)
F Manual Tank Gauging (36 Hour), no TTT
G Manual Tank Gauging (44 or 58 Hour)
H Interstitial Monitoring (2 Walls)
I Interstitial Monitoring (Liner)
J Groundwater Monitoring
K Vapor Monitoring
N None
O Exempt (must provide written comment)

19. Piping small release detection (0.2/0.1 gph)

- B Annual Line Tightness Test (pressure)
C Line Tightness Test - 3 years (suction)
D Interstitial Monitoring (monthly)
E Groundwater Monitoring
F Vapor Monitoring
H None
I Exempt (must provide written comment)
J Statistical Inventory Reconciliation (SIR)
K Electronic Line Leak Detector (0.1 or 0.2 gph test)

20. Piping line leak detection (3 gph within 1 hr.)

- A Mechanical Line Leak Detector (incl. test)
H None
K Electronic Line Leak Detector (3 gph test)
L Continuous Interstitial Monitoring with alarm (old system) or pump shut off

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Bravn Medical Date 6-4-08 Facility ID 39 - 37781

II. Release Detection Reference

- § Records may be located at the facility or a readily available alternate site.
- § The records include all of the information listed below for chosen release detection methods.
- § The inspector has actually seen the records.
- § A test with an inconclusive result or failure is an indication of a (suspected) product release.

Tank Tank Tank Tank Tank
System System System System System
001 — — — —

Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Inventory Control: (Tank only – code A)

N/A ☐ ☐ ☐ ☐ ☐ less than 10 years since tank installation or addition of corrosion protection to bare steel tank (Usable only until 12/22/2008, for systems installed before 11/10/2007.)

☐ ☐ ☐ ☐ ☐ stick (or ATG) capable of measuring to 1/8th inch

☐ ☐ ☐ ☐ ☐ stick (or ATG) readings and dispenser readings each operating day

☐ ☐ ☐ ☐ ☐ 1/8th inch accuracy in product (stick) readings

☐ ☐ ☐ ☐ ☐ before/after delivery stick readings reconciled with delivery receipts

☐ ☐ ☐ ☐ ☐ deliveries made through a drop tube

☐ ☐ ☐ ☐ ☐ dispenser meter calibrated

☐ ☐ ☐ ☐ ☐ monthly check for water (1/8th inch accuracy)

☐ ☐ ☐ ☐ ☐ monthly reconciliation (1% of volume pumped plus 130 gallons) performed

Precision Tightness Test (TTT): (Tank only – code A or C)

N/A ☐ ☐ ☐ ☐ ☐ complete documentation of tightness test available

☐ ☐ ☐ ☐ ☐ performed by UTT certified installer (after 9/28/96)

☐ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect 0.1 gph release is available

date of last test: _____, result: _____

method used (after 10/11/1994): _____

Automatic Tank Gauging: (Tank only – code E)

N/A Does the automatic tank gauge perform continuous in-tank release detection? ☐ Yes, ☒ No

☐ ☐ ☐ ☐ ☐ valid monthly leak test conducted and documented

☐ ☐ ☐ ☐ ☐ ATG manufacturer: EBW ATG model: Autostik JR. 4

☐ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect 0.2 gph release is available

☐ ☐ ☐ ☐ ☐ probes and gauge software certified for manifolded tank systems

☐ ☐ ☐ ☐ ☐ % when not specifically certified, the siphon must be broken to properly test

☐ ☐ ☐ ☐ ☐ maintenance records, for the last year, including calibration, preventative and repair

☐ ☐ ☐ ☐ ☐ equipment is operational

Manual Tank Gauging: (Tank only – code C, F or G)

N/A ☐ ☐ ☐ ☐ ☐ tank capacity is 2,000 gallons or less

☐ ☐ ☐ ☐ ☐ performed weekly

☐ ☐ ☐ ☐ ☐ 1/8th inch accuracy stick readings

☐ ☐ ☐ ☐ ☐ average 2 stick readings before and after test

☐ ☐ ☐ ☐ ☐ test length appropriate for each tank

☐ ☐ ☐ ☐ ☐ % 36 hours minimum

☐ ☐ ☐ ☐ ☐ % for tanks requiring tightness test (code C): tank has been installed less than 10 years or less than 10 years since first corrosion upgrade, and installed prior to 11/10/2007

☐ ☐ ☐ ☐ ☐ % 44 hours, 551-1000 gallons, 64" diameter, no tightness test

☐ ☐ ☐ ☐ ☐ % 58 hours, 551-1000 gallons, 48" diameter, no tightness test

☐ ☐ ☐ ☐ ☐ variation is within standard (both weekly and monthly)

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Bravn Medical Date 6-4-08 Facility ID 39 - 37781

II. RELEASE DETECTION REFERENCE (continued)

Tank Tank Tank Tank Tank
System System System System System

001 — — — —

Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Interstitial Monitoring: (Tank code H or I)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

interstitial area monitored monthly
interstitial sensors properly placed (per manufacturer's instructions)
monitoring wells (secondary barrier) or ports are clearly marked and secured
maintenance records, for the last year, including preventative and repair
equipment manufacturer's performance claims are available
secondary barrier is compatible with and impermeable to the stored substance

Statistical Inventory Reconciliation: (Tank code D and/or Piping code J)

N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

manufacturer's certification of ability to detect 0.2 gph release is available
data is collected according to the test vendor's instructions
analysis completed monthly and valid results supplied to owner/operator within 20 days
* valid reports include calculated leak rate, minimum detectable leak rate, leak
threshold, probability of detection and probability of false alarm
suspected releases properly investigated within 7 days of inconclusive or failed report to
confirm or deny the occurrence of a release
test vendor: _____

Groundwater Monitoring: (Tank code J and/or Piping code E)

N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

regulated substance stored is immiscible in water and has specific gravity less than 1
groundwater is within 20 feet of surface grade and soil hydraulic conductivity is greater
than or equal to 0.01 cm/sec
casing is properly slotted and allows entry of product during high and low groundwater
conditions
wells are sealed from ground surface to the top of the filter pack
site evaluation verifies the above information and wells are located according to site
evaluation; attach page with evaluator authentication to the inspection report
monitoring devices can detect 1/8 inch of product or less on water
maintenance records, for the last year, including calibration, preventative and repair
equipment manufacturer's performance claims are available
monitoring wells are marked and secured
wells monitored and results recorded monthly in accordance with site evaluation

Vapor Monitoring: (Tank code K and/or Piping code F)

N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

stored substance is sufficiently volatile and backfill allows diffusion of vapors from
releases
the monitoring device is not rendered inoperative by groundwater, rainfall or soil
moisture
background contamination will not interfere with vapor monitoring
vapor monitors are designed and operated to detect increases in concentrations of
stored substance
site evaluation verifies above information and wells are located according to the site
evaluation; attach page with evaluator authentication to the inspection report
maintenance records, for the last year, including calibration, preventative and repair
equipment manufacturer's performance claims are available
monitoring wells are marked and secured
wells monitored and results recorded monthly in accordance with site evaluation

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Braun Medical Date 6-4-08 Facility ID 39 - 37781

II. RELEASE DETECTION REFERENCE (continued)

Pipe Pipe Pipe Pipe Pipe
System System System System System

001

Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Interstitial Monitoring: (Piping code D and/or L)

N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	interstitial area monitored monthly (required)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	secondary enters sump and allows a release to contact probe/sensor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	interstitial sensors properly placed (per manufacturer's instructions)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells or ports (when used) are clearly marked and secured
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maintenance records, for the last year, including preventative and repair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	secondary barrier (pipe) is compatible with and impermeable to the stored substance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Code L only) continuous monitoring used as line leak detector (gravity or pressurized piping) – capable of detecting 3.0 gph release within 1 hour
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Code L only) system tested for operability within the last year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Code L only) monthly "sensor status" (or equivalent) records available
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Code L only) product in sump shuts off pump

Piping Tightness (Line) Testing: (Piping only – code B, C or K (0.1))

N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test conducted at proper frequency
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	% conducted annually for pressurized piping without monthly monitoring
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	% conducted every 3 years for suction piping not meeting code I requirements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date of last test: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	method used: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test certification of ability to detect 0.1 gph release at 1.5 times operating pressure is available
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if test device permanently installed, maintenance records, for the last year, including calibration, preventative and repair

Automatic (mechanical) Line Leak Detector: (PRESSURIZED Piping only – code A)

N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	annual operational test of leak detector according to manufacturer's instructions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date tested: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maintenance records, in addition to the annual test, for last year, including calibration, preventative and repair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pump is automatically shut off on detection of a possible release

Electronic Line Leak Detector: (PRESSURIZED Piping only – code K)

N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	self checking or system tested for operability within the last year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date tested: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maintenance records, in addition to annual test, for last year, including calibration, preventative and repair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	continuously monitors piping
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	device shuts off pressure pump on test failure

Is the electronic leak detector performing the "monthly" monitoring function? ☐ Yes, ☐ No If yes:
☐ ☐ ☐ ☐ ☐ third-party certification of ability to detect 0.2 gph release is available
☐ ☐ ☐ ☐ ☐ documentation of monthly test available for last year

Is the electronic leak detector performing the "annual" monitoring function? ☐ Yes, ☐ No If yes:
☐ ☐ ☐ ☐ ☐ third-party certification of ability to detect 0.1 gph release is available
 date passing test(s) _____

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Braun Medical Date 6-4-08 Facility ID 39 - 37781

II. RELEASE DETECTION REFERENCE (continued)

Tank Tank Tank Tank Tank
System System System System System

001 — — — —

Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Exempt Suction System: (SUCTION piping only – code I)

NOTE: No further release detection required on piping meeting all these criteria.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

the tank top is lower than the suction pump inlet
the below grade piping slopes uniformly back to the tank
there is no more than one check valve in the piping
the check valve is located close to or inside the suction pump
compliance with above specifications can be readily determined; describe in comments (Section IV.)

Gravity Piping System
gravity piping inlet

IUM Release Detection Record Review: (All release detection codes)

§ An empty tank (less than 1" of product/sludge) or a tank supplying an emergency generator only is not required to perform release detection. Indicate date emptied or that it is an emergency generator tank in comments (Section IV).

§ Recently installed tank systems must begin performing release detection immediately after receiving product. Indicate date of first product receipt in comments (Section IV).

☒ ☐ ☐ ☐ ☐

tank release detection records for the last 12 months the system contained product are available

☒ ☐ ☐ ☐ ☐

tank release detection records are valid and passing

☒ ☐ ☐ ☐ ☐

monthly check for water in tank conducted and documented

☒ ☐ ☐ ☐ ☐

piping release detection records for the last 12 months the system contained product are available

☒ ☐ ☐ ☐ ☐

piping release detection records are valid and passing

III. CORROSION PROTECTION COMPLIANCE CRITERIA

Lined Tanks: (Tank only – code I)

N/A ☐ ☐ ☐ ☐ ☐

tank inspected and lined according to national standard

date lined: _____

☐ ☐ ☐ ☐ ☐

tank initially inspected 10 years after lining and every 5 years thereafter

date(s) inspected: _____

Galvanic Cathodic Protection: (Tank code B or O, and/or Piping (may include code B))

N/A ☐ ☐ ☐ ☐ ☐

structure to soil potential (include values in comments) greater than 0.85 volts, or meets other nationally recognized protection standard: specify: _____

tank monitoring satisfactory: last 2 dates: _____

piping/flex monitoring satisfactory: last 2 dates: _____

☒ monitoring conducted within six months of installation

☒ monitoring conducted every three years

☒ monitoring conducted within 6 months of repair or system disturbance

Impressed Current Cathodic Protection: (Tank code C or P, and/or Piping (may include code B))

N/A ☐ ☐ ☐ ☐ ☐

structure to soil potential (include values in comments) greater than 0.85 volts, or meets other nationally recognized protection standard: specify: _____

documentation of last two monitoring results

date(s) measured: _____

☒ monitoring conducted within six months of installation

☒ monitoring conducted every three years

☒ monitoring conducted within 6 months of repair or system disturbance

documentation of last three amp (plus volt and runtime when meters available) readings documented (include values in comments)

☒ readings recorded every 60 days

system is turned on and functioning within design limits

system designed by a corrosion expert

**UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION**

Facility Name B Braun Medical Date 6-4-2008 Facility ID 39 – 37781

IV. COMMENTS should include – suspected contamination; improperly closed or unregistered tanks; “other” tank system attributes; tank system modifications (with date); estimated installation date when actual date is unknown; release detection exemptions, missing months and months with failures or inconclusives; description of suspected release investigations; rectifier readings; CP surveys; owner/operator actions needed for compliance; changes at site since initial inspection (with date); explanation of N/As; recommendations made to owner/operator; description of technical assistance given to the owner/operator; date(s) of last containment test and other information that would be helpful to the owner, operator or DEP when reviewing the inspection.

The previous facility operations inspection was performed on 8-31-2005.

Tank # 001 is used to store approximately 99% condensate water and about 1% Ethylene Glycol.

Page 2, Section # 6, Total Secondary Containment; There is single walled piping associated with this underground storage tank (UST) system.

Page 2, Section # 7, Tank Construction; The tank is an Elutron Tanx, Inc. brand of steel primary tank with a fiberglass outer jacket.

Page 2, Section # 8, Piping Construction; There is no product piping leaving the tank. All of the piping is inlet drain piping to the tank. The drain piping is constructed of schedule 40 PVC single walled plastic piping.

There is no discharge piping associated with this UST.

Page 2, Section # 9, Piping Sumps at Tank Top; There is no secondary containment piping sump at the tank top. Piping sump testing was not required at the time of this piping system installation in April 1999.

Page 2, Section # 10, Dispenser Pans; There is no dispenser associated with this UST. Piping sump testing was not required at the time of this piping system installation in April 1999.

Page 2, Section # 11 A&B Piping Flexible Connectors; There are no piping flexible connectors associated with the piping system for this UST.

Page 2, Pump Delivery System; There is no pump system for this UST. The piping is a gravity flow method from inside the building to the UST.

Page 2, Section # 18, Tank Release Detection; Tank release detection method is monthly tank interstice monitoring.

I reviewed the past 18 months of passing tank contact/sensor readings for this UST system. The EBW Auto Stik Jr. 4 is used to monitor the tank liquid levels and to perform the monthly tank interstice sensor reporting.

Passing tank interstice sensor reports are kept in a neat and orderly fashion in the office.

Page 2, Section # 17 and # 18, Piping Release Detection; The piping system is exempt from piping release detection requirements due to the gravity flow type of piping system.

----- STATUS REPORT -----
 WED JUN 04.08 10:44:45 AM
 STATION NAME:
 B. BRAUN
 901 MARCON BLVD.
 ALLENTOWN, PA 18103

----- STATUS REPORT -----
 WED JUN 04.08 10:43:26 AM
 STATION NAME:
 B. BRAUN
 901 MARCON BLVD.
 ALLENTOWN, PA 18103

TANK 1 PRODUCT: GLYCOL

CURRENT STATUS:
 | | | | |
 GROSS: 1314.19 gal
 NET: 1308.67 gal
 FUEL LEVEL: 34.204 in
 WATER LEVEL: 27.804 in
 TEMP: 66.46 °F
 GROSS VTF: 2774.80 gal
 GROSS ULLAGE: 90%=2365.90 gal

TANK 1 PRODUCT: GLYCOL

CURRENT STATUS:
 | | | | |
 GROSS: 1314.26 gal
 NET: 1308.74 gal
 FUEL LEVEL: 34.205 in
 WATER LEVEL: 27.807 in
 TEMP: 66.45 °F
 GROSS VTF: 2774.73 gal
 GROSS ULLAGE: 90%=2365.83 gal

----- DROP HISTORY REPORT -----
 WED JUN 04.08 10:35:09 AM
 STATION NAME:
 B. BRAUN
 901 MARCON BLVD.
 ALLENTOWN, PA 18103

TANK 1 PRODUCT: GLYCOL

END: TUE DEC 21.04 8:22:49 AM
 INVENTORY CHANGE: 70.48 gal
 END: TUE DEC 20.05 8:08:54 AM
 INVENTORY CHANGE: 308.17 gal
 END: TUE DEC 20.05 4:16:16 PM
 INVENTORY CHANGE: 160.92 gal
 END: MON FEB 20.06 4:23:55 PM
 INVENTORY CHANGE: 666.98 gal
 END: TUE AUG 22.06 7:27:44 AM
 INVENTORY CHANGE: 59.80 gal
 END: FRI NOV 10.06 12:39:41 PM
 INVENTORY CHANGE: 113.31 gal

----- DROP REPORT -----
 WED JUN 04.08 10:34:33 AM
 STATION NAME:
 B. BRAUN
 901 MARCON BLVD.
 ALLENTOWN, PA 18103

TANK 1 PRODUCT: GLYCOL

START: FRI NOV 10.06 12:26:44 PM
 BEG VOLUME: 1156.88 gal
 BEG FUEL LEVEL: 31.368 in
 BEG TEMP: 67.37 °F
 END: FRI NOV 10.06 12:39:41 PM
 END VOLUME: 1270.19 gal
 END FUEL LEVEL: 33.503 in
 END TEMP: 69.00 °F

INVENTORY CHANGE: 113.31 gal

----- MANUAL LEAK TEST -----
 WED JUN 04.08 10:45:19 AM
 STATION NAME:
 B. BRAUN
 901 MARCON BLVD.
 ALLENTOWN, PA 18103

TANK 1 PRODUCT: GLYCOL

LEAK RATE: 0.00 gal/hr
 CANCELLED BY LOW VOLUME

----- CONTACT PROGRAM REPORT -----
 WED JUN 04.08 10:43:36 AM
 STATION NAME:
 B. BRAUN
 901 MARCON BLVD.
 ALLENTOWN, PA 18103

CONTACT 1

NAME: INTERSTITL
 SENSE: N.C.
 TIED TO RELAY: NONE
 CONTACT IS: NORMAL

PERCENT OF TANK TESTED: 7.9 %
 START: FRI JUN 22.07 8:30:18 AM
 BEG FUEL LEVEL: 12.769 in
 BEG WATER LEVEL: 6.372 in
 0.00 gal, 32.00 °F
 0.00 gal, 32.00 °F
 0.00 gal, 32.00 °F
 0.00 gal, 32.00 °F
 END: FRI JUN 22.07 8:30:22 AM
 END FUEL LEVEL: 12.769 in
 END WATER LEVEL: 6.372 in

----- STATUS REPORT -----
 WED JUN 04.08 10:33:51 AM
 STATION NAME:
 B. BRAUN
 901 MARCON BLVD.
 ALLENTOWN, PA 18103

TANK 1 PRODUCT: GLYCOL

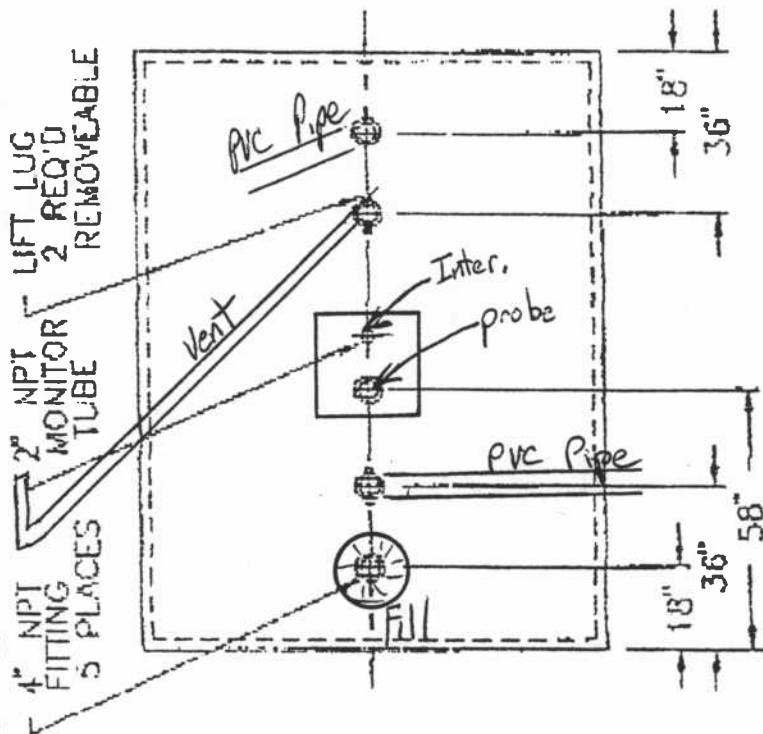
CURRENT STATUS:
 | | | | |
 GROSS: 1314.09 gal
 NET: 1308.57 gal
 FUEL LEVEL: 34.202 in
 WATER LEVEL: 27.803 in
 TEMP: 66.46 °F
 GROSS VTF: 2774.89 gal
 GROSS ULLAGE: 90%=2365.99 gal

STORAGE TANKS
 FACILITY

AUG - 7 2008

ID # _____
 COUNTY: _____
 FILE CODE: _____

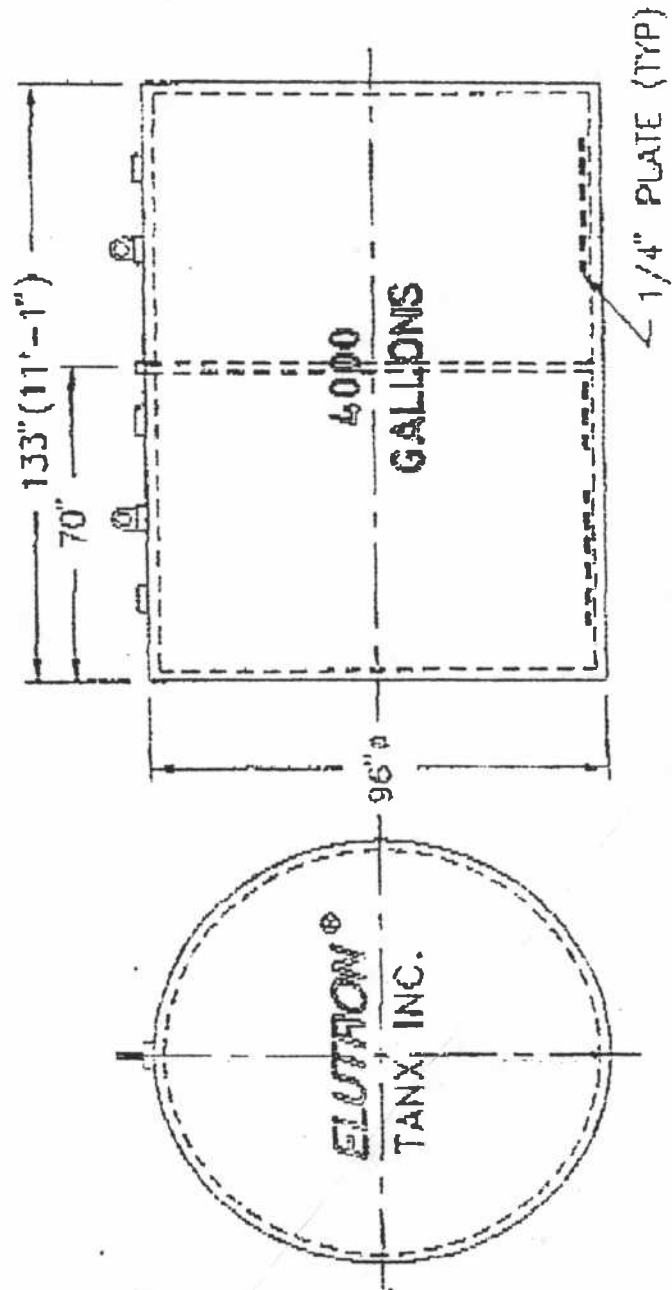
B Braun

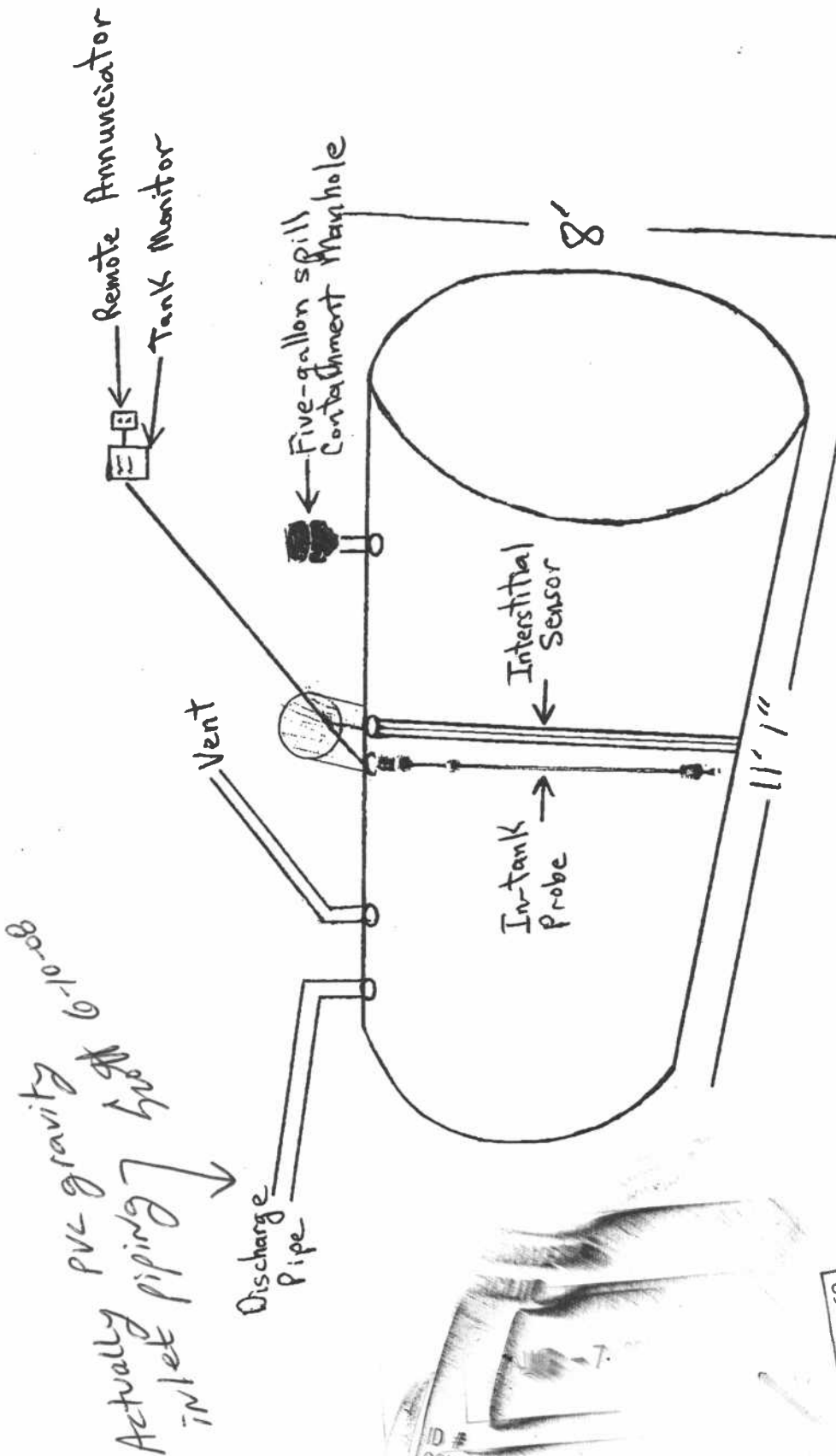


STORAGE TANKS
FACILITY

AUG - 7 2008

ID # _____
COUNTY: _____
FILE CODE: _____





B BRAUN 4,000 GALLON TANK SYSTEM



STORAGE TANKS
FACILITY

AUG - 7 2008

ID #
COUNTY:
FILE CODE: